

Volenski, Dina

022819 Emma |

From: Cantelme. Steve <cantelmes@sacoes.org>
Sent: Thursday, February 28, 2019 8:54 AM
To: Will, Gina
Cc: Cantelme. Steve
Subject: City of Folsom Reimbursement Request doc for Town of Paradise Camp Fire 2018
Attachments: Lauren Ono 3871.pdf; Paradise EOC ICS 214 - L Ono.pdf; Cost Summary Work Sheet - L Ono.pdf

Hi Gina,

I have attached the reimbursement documents provided to me from the City of Folsom for the Camp Fire. Division Chief Ken Cusano is the Folsom point of contact if you have questions or needs from them.

I have not received an executed MOU from the Town of Paradise to date. Can you confirm that you received my signed copies and do you have a timeline in which you think you will be getting an executed MOU to me? Please let me know if you need anything more from me.

Thanks

Stephen Cantelme
Chief
Sacramento OES
(916) 806-6596
cantelmes@sacoes.org


Folsom POC:

Ken Cusano
Division Chief – Training / Investigations

Fire Department
535 Glenn Drive, Folsom, CA 95630
O: 916.461-6313 | C: 916.716.7412
F: 916.984.7081

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EMMA

Incident: 2018-10-08 Camp Fire

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EMMA Form 1A - EMMA RESOURCE REQUEST

TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3871

Incident Name: Camp Fire

Request Date / Time: 11/18/2018 09:05:42

Approved Mission / Tracking

#:

Requesting Jurisdiction Information

Requesting Jurisdiction Town of Paradise
Name:

24 Hours Phone Number: 530-879-2340

EMMA Coordinator / Primary John Gulserian
Point of Contact:

Position / Title: Logs Phone: 530-879-2340
Fax: E-Mail:

Alt Phone: 530-913-0191

Alternate Point of Contact: Kate Anderson

Position / Title: Logs Chief Phone: 530-879-2340
Fax: E-Mail:

Alt Phone:

Resource Requested

Position: FILLED - PIO

Quantity: 2

Start Date/Time: 11/21/2018 09:13:31

End Date/Time: 11/28/2018 09:13:36

Shift: Day

Security Clearance: No

Tasks to be performed:

Any special skills /
certifications / licenses /
credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):
Laptop, vehicle Base Camp lodging

Check-in Location Information

Check-In Location Address: 905 Fir Street Chico CA - Chico Fire Training Center

Latitude / Longitude: /

24 Hour Phone Number: 530-879-2340

Point of Contact Name: John Gulserian

Point of Contact Title: Logs

Cell Phone: 530-913-0191

Alt Phone:

E-Mail: ecologicstop@gmail.com

Expected Working Conditions

Special health or
environmental concerns in
the assignment area?

Hardship living conditions
(Lack of power or potable
water, etc.)?

Special housing /
transportation instructions:
Cal OES Base Camp - Bring sleeping bag

Providing Jurisdiction Information

Edit Response

Providing Jurisdiction Name: Sacramento

24 Hour Phone Number:

EMMA Coordinator /
PRIMARY Point of Contact Matthew Hawkins

Name:

Position / Title: Sacramento - OP AREA -
LOG Personnel Phone: 916-293-2769

Alt Phone:

Fax: E-Mail: hawkinsm@saco.es.org

Alternate Point of Contact
(Optional):

Position / Title: Phone: Alt Phone:
Fax: E-Mail:

EMMA Resource Candidate

<input checked="" type="checkbox"/> This Candidate has been Accepted.	Name: Lauren Ono lono@folsom.ca.us	Cell: Available for the period specified in the corresponding EMMA Form 1A?
Able to perform requested tasks? Yes	Equipment needed for deployment is available? Yes	Security Clearance (If applicable)? Yes Has been made aware of the expected working conditions? Yes
Experiance / EOC Position Credentials: Special Skills / Certifications / Licenses:	Deputy Fire Marshall / PIO Social Media / Press Releases Originating Location (City and County): Folsom, CA	
Estimated travel time to check-in location: Special accommodations required: Emergency Contact Name: Relationship: Additional Comments	2 hour Special accommodations required: Emergency Contact Name: Available for the duration of the request.	Cell Phone: Alt Phone:

Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC	Date/Time Prepared: 11/21	Page _____ of _____
Operational Period: 12	Op Period: From: Date: 11/21 Time: 0600 To: Date: 11/21 Time: 0600	
Unit Name/Designator: PUBLIC INFORMATION	Unit Leader (Name & Position): NATE BANROSS	

Prepared by: Lauren ONG Agency Name: Folsom Fire EOC Position: PIO
Town of Paradise EOC ICS 214 Department

Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Date/Time Prepared: 11/22	Page _____ of _____
Operational Period: 13	Op Period: From: Date: 11/22	Time: 0600 To: Date:	Time: 0600
Unit Name/Designator: PVO	Unit Leader (Name & Position): JAKE BARNES		

Prepared by: Lauren Ond Agency Name: Folsom FD EOC Position: PD
Town of Paradise EOC ICS 214

Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Date/Time Prepared: 11/23	Page _____ of _____
Operational Period: 14	Op Period: From: Date: 11/23	Time: 0600 To: Date:	Time: 0600
Unit Name/Designator: P10	Unit Leader (Name & Position): Jake Bansess		

Prepared by: Lauren AND Agency Name: Folsom PD EOC Position: PIO
Town of Paradise EOC ICS 214

Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC	Date/Time Prepared: 11/24	Page _____ of _____
Operational Period: 10	Op Period: From: Date: 11/24 Time: 0600 To: Date:	Time: 0600
Unit Name/Designator: PLO	Unit Leader (Name & Position): JAKE BUNNELL	

Prepared by: Lauren Ono | Agency Name: Polson PD | EOC Position: P10
Town of Paradise EOC ICS 214

Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC	Date/Time Prepared: 11/25	Page _____ of _____
Operational Period: 14	Op Period: From: Date: 11/25 Time: 0600 To: Date: _____	Time: 0600
Unit Name/Designator: PUBLIC INFORMATION	Unit Leader (Name & Position): JAKE BANESS	

Prepared by: Lauren Ond Agency Name: Folsom FD EOC Position: PID

Unit Log

Paradise EOC ICS 214

Paradise EOC ICS 214		
Incident Name: Camp Fire - Paradise EOC	Date/Time Prepared: 11/26	Page _____ of _____
Operational Period: 17	Op Period: From: Date: 11/26 Time: 0600 To: Date: 11/26 Time: 0600	
Unit Name/Designator: PUBLIC INFORMATION	Unit Leader (Name & Position): JAKE BAYLESS	

Prepared by: Lauren Oho | Agency Name: Folsom PD | EOC Position: PIO
Town of Paradise EOC ICS 214

Unit Log

Paradise EOC ICS 214

Incident Name: <u>CAMP FIRE - Paradise EOC</u>		Date/Time Prepared: <u>11/27</u>	Page _____ of _____
Operational Period #: <u>17</u>	Op Period Date: <u>11/27</u>	From: <u>0700</u>	To:
Unit Name/Designator:		Unit Leader (Name & Position) <u>Brandon Vacauro</u>	

Prepared By: Lauren Oho | Agency Name: Folsom FD | EOC Position: PIO
Town of Paradise EOC ICS 214

Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Date/Time Prepared: 11/28	Page _____ of _____
Operational Period: 18	Op Period: From: Date: 11/28 Time: 0600 To: Date:	Time: 0600	
Unit Name/Designator: PUBLIC INFORMATION	Unit Leader (Name & Position): Brandon Vacano		

Prepared by: Town of Paradise EOC ICS 214	Agency Name: Folsom Fire Department	EOC Position: PIO
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CONTRACT WORK SUMMARY RECORD

I CERTIFY THAT THE ABOVE INFORMATION WAS TRANSCRIBED FROM PAYROLL RECORDS, VENDOR INVOICES, OR OTHER DOCUMENTS THAT ARE UP-TO-DATE.